Greater	<b>Port Arthur</b>	<b>Chamber o</b>	of Commerce
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501 Procter Street, Suite 300, Port Arthur, TX 77640

Phone: (409) 963-1107

acct@portarthurtexas.com

## **INVESTMENT AGREEMENT**

Dated \_\_\_\_\_\_, the undersigned makes for membership in The Greater Port Arthur

of Commerce and for the value received agrees to the sum of \$\_\_\_\_\_375.00\_\_\_\_\_ annually.

It is understood this membership shall be for a minimum period of **one year from this date**, and shall continue on the above basis until canceled by notice in writing to the Board of Directors or by death, dissolution or removal of the subscriber from the vicinity of the Port Arthur area.

Business Name	
Start of Business Date:	Number of Employees:
Physical Address:	
Mailing Address:	
Fax: ( )	Toll Free: ( )
Facebook:	Twitter:
LinkedIn:	YouTube:
Business Classification	
<ul> <li>Please refer to our website: <u>www.portarthurtexas.com</u>. Click through our selection to select the category that best fits the</li> </ul>	on "Membership" on the left menu. Then click the "Choose a Category" menu and browse description of your business.
Company Logo: Please Email company logo to Joe Tant at acc	ct@portarthurtexas.com
Brief description of business:	

• One voting representative per business, unless otherwise specified by The Port Arthur Chamber of Commerce.

Email:	Phone:	Cell Phone	Cell Phone	
Billing Representative: I.				
Email:	Phone: (	Cell Phone:		
Additional Representative	2:			
Email:	Phone:	Cell Phone:		
Sales Rep: Joe Tant	Signed:	C	Date:	
	agreement is completed, please sign and return v 1107. Please note all Investment Agreements are		,	
CHECK:	NO	POSTED:		
	MASTERCARD	AMERCIAN EXPRESS		
Card Number:		Exp. Date	CVV2 Code	